

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>01/31/02</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>8-300</i>
FORMALITY REVIEW	<i>F</i>	<i>JCSS1</i>	<i>09-12-00</i>
RESPONSE FORMALITY REVIEW	<i>T2</i>	<i>JL947</i>	<i>03122101</i>

### INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral)..... Canceled	A	..... Appeal
+	..... Restricted	O	..... Objected

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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